DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PC Approved 9/29/20

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	055845		C 07/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEISURE GLEN POST ACUTE CARE CENTER	330 MISSION ROAD GLENDALE, CA 91206

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F 000	INITIAL COMMENTS The following reflects the findings of the Department of Public Health during the investigation of a complaint investigation. Complaint number: CA00689246. Representing the Department of Public Health: Health Facilities Evaluator Nurse: #42430. The inspection was limited to the specific complaint investigation and does not represent the findings of a full inspection of the facility. Three deficiencies were written as a result of the complaint number CA00689246.	F 000	Preparation, submission and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared, submitted and/or executed solely because it is required by the provision of federal and state law.	
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-	F 755	F755 **Corrective action for residents/staff found to have been affected by this deficiency:** Resident 1 was assessed by RN supervisor on 6/2/20, the same day of the observation finding. No negative effect noted in regards to deficient practice. LVN 1 was given a 1:1 re-education/counseling by the DON on 6/02/20 regarding the risk of combining medications to	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 7/23/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 755	Continued From page 1 §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to crush medications individually for resident medication administration for one of two sampled residents (Resident 1). This deficient practice had the potential for adverse drug-to-drug interaction. Findings: During an observation and interview with a Transitional Care Nurse 1 (TCN 1), on 6/2/20 at 9:55 a.m., a Licensed Vocational Nurse 1 (LVN 1) was observed with a pill crusher pouch in hand with a pink and a white powdery substance inside. LVN 1 stated that she crushed two medications together. LVN 1 stated she did not check if the medications had a drug-to-drug interaction. TCN 1 stated that medications should not be crushed together. During a follow up interview on 7/10/20 at 2:46 p.m., LVN 1 stated the two medications that she crushed together were Coumadin (a medication to treat and prevent blood clots- the pink powder)	F 755	be crushed and giving them at the same time is not an acceptable practice. **Corrective action for residents/staff that may be affected by this deficiency:** DON and DSD observed other medication nurses on 6/2/2020. There were no deficient practice observed related to crushing of medication during medication administration. **Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not reoccur:** Licensed nurses were given re-education by the DON on 6/03/2020 and 7/15/2020 in regards to policy and procedures of medication administration. Emphasizing on crushing of medications that should not be	

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F 755	Continued From page 2 and Latuda (a medication used to treat a mental disorder characterized by delusions, hallucinations, disorganized speech and behavior, the white powder). LVN 1 stated an in-service was provided to her regarding medication administration. A review of Resident 1's Face Sheet (a record of admission) indicated the resident admitted to the facility on 9/9/14 with diagnoses that included dysphagia (difficulty or discomfort in swallowing), schizophrenia (disorder that affects a person's ability to think, feel, and behave clearly), and chronic atrial fibrillation (condition in which the upper two chambers of the heart beat quickly and irregularly). A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care-screening tool), dated 6/12/20, indicated the resident had moderate impairment in cognitive skills. Resident 1 required total dependence (full staff performance every time) from staff in activities in daily living (ADLs such as transferring, dressing, eating, and toileting). A review of Resident 1's physician's order for May 2020 indicated the resident had orders for the following medications: a. Coumadin 3.5 milligram (mg, a unit of measurement) by mouth (PO) daily (QD), b. Latuda 40 mg PO twice a day (BID). A review of the facility's policy and procedure titled, "Medication Administration- General Guidelines," dated 10/2017, indicated the following:	F 755	combined and given all at once, either orally (for example, added in pudding or other similar food) or via tube feeding. Pharmacy nurse consultant will validate compliance during her scheduled visit by following and observing at least 3 licensed nurses quarterly during medication pass. DON and or DSD will randomly validate compliance via observation of licensed nurses during daily rounds to include medication pass. **Measures that will be put into place to ensure that this deficiency does not reoccur:** The above POC will be reviewed in the QAA committee for 3 months and quarterly thereafter and as needed. Administrator and/or Designee will report trends.	7/17/20

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F 755	Continued From page 3 1. If it is safe to do so, medication tablets may be crushed or capsules emptied out when a resident has difficulty swallowing. 2. Crushed medications should not be combined and given all at once, either orally (for example, added in pudding or other similar food) or via feeding tube.	F 755		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care	F 842	**F842** **Corrective action for residents/staff found to have been affected by this deficiency:** Resident 1 was assessed by RN supervisor on 6/2/2020 and 6/5/2020. Nurse practitioner also assessed the resident on 6/04/2020. Coumadin order was corrected to properly reflect in the resident's electronic medication administration record. **Corrective action for residents/staff that may be affected by this deficiency:** Medical record designee and DON reviewed residents with	

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F 842	Continued From page 4 operations, as permitted by and in compliance with 45 CFR 164.508; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(l)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(l)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(l)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure to document accurately on the	F 842	Coumadin order on 6/02/2020. No other residents were affected by the deficient practice. **Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not reoccur:** Licensed nurses were given re-education by the DON on 7/15/2020 and 7/17/2020 in the following areas: • Proper transcription of medication order in the electronic record of the resident to ensure that physician order for medication have a corresponding medication administration record • Emphasize to licensed nurses about steps in medication administration	

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F 842	Continued From page 5 Medication Administration Record (MAR) for one of two sampled residents (Resident 1). Resident 1 did not have documentation that Coumadin (a medication used to prevent blood clots) was administered. (Cross reference F755). This deficient practice had the potential for the resident to not receive the medication accurately. Findings: A review of Resident 1's Face Sheet (a record of admission) indicated the resident admitted to the facility on 9/9/14 with diagnoses that included dysphagia (difficulty or discomfort in swallowing), schizophrenia (disorder that affects a person's ability to think, feel, and behave clearly), and chronic atrial fibrillation (condition in which the upper two chambers of the heart beat quickly and irregularly). A review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care-screening tool), dated 6/12/20, indicated the resident had moderate impairment in cognitive skills. Resident 1 required total dependence (full staff performance every time) from staff in activities in daily living (ADLs such as transferring, dressing, eating, and toileting). A review of Resident 1's physician's order for May 2020 indicated the resident had an order for Coumadin 3.5 milligram (mg, a unit of measurement) by mouth (PO) daily (QD). During an interview on 7/14/20 at 12:55 p.m., the Director of Nursing (DON) stated there is no documentation indicating that Coumadin was	F 842	protocol; i.e. PPS (Pour, Pass and Sign). If no medication administration record was found. Immediate corrections need to be done. • New 3-way medication check will be initiated during each licensed nurses resident's weekly summary schedule. Audit tool will be submitted to DON for review and follow-up Pharmacy nurse consultant will validate compliance during her scheduled visit reviewing medication orders against medication administration records. Resident's medication orders and medication administration records will be reviewed during scheduled IDT care plan conferences.	

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F 842	Continued From page 6 administered on Resident 1's electronic MAR (EMAR). A review of the facility's policy and procedure titled, "Documentation of Medication Administration," dated 4/2007 indicated a nurse or Certified Medication Aide (where applicable) shall document all medications administered to each resident on the resident's MAR.	F 842	**Measures that will be put into place to ensure that this deficiency does not reoccur:** The above POC will be reviewed in the QAA committee for 3 months and quarterly thereafter and as needed. Administrator and/or Designee will report trends.	7/17/20
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:	F 880	**F880** **Corrective action for residents/staff found to have been affected by this deficiency:** Resident 2 was not scheduled to be showered on 6/2/20 7-3 shift her shower was scheduled 3-11. CNA 1 did not use the shower chair for resident 2. No negative effect noted in regards to the alleged deficient practice.	

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F 880	Continued From page 7 (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:	F 880	**Corrective action for residents/staff that may be affected by this deficiency:** DSD conducted a random observation of certified nurse assistants during care on 6/02/2020 and 6/03/2020 in regards cleaning and disinfection residents care items. There were no deficient practices noted. **Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not reoccur:** DSD and/or IP provided an in-service education to certified nurse assistants on 6/03/20 and 6/04/2020. In regards to policy and procedures of cleaning/disinfecting resident's care items and equipment. Durable medical equipment will	

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F 880	Continued From page 8 Based on observation, interview, and record review, the facility failed to disinfect a shower chair (stationary or mobile seat with or without upper body or head support used to support a client who is unable to stand or sit independently in the shower or tub) before use for one of five sampled residents (Resident 2). A Certified Nursing Assistant 1 (CNA 1) did not clean a shower chair before using it with Resident 2. This deficient practice had the potential for the spread of infection. Findings: A review of Resident 2's Face Sheet (a record of admission) indicated the resident admitted to the facility initially on 10/30/16 and re-admitted on 3/8/17 with diagnoses that included 2019-nCoV (COVID-19, an acute respiratory disease) and age related physical debility (physical weakness). A review of Resident 2's Minimum Data Set (MDS, a standardized assessment and care-screening tool), dated 4/4/2020, indicated the resident had severe impairment in cognitive skills. Resident 2 required extensive assistance (resident involved in activity, staff provided weight-bearing support) from staff for transferring, dressing, and toileting. During an observation and interview with a Transitional Care Nurse 1 (TCN 1), on 6/2/20 at 10:05 a.m., a CNA 1 wheeled out a reusable chair shower out of Room 102 and took it into Resident 2's room. CNA 1 did not clean the shower chair before using/taking it into Resident 2's room. TCN 1 stated that the shower chair needs to be cleaned before and after use with each resident	F 880	be cleaned and disinfected before reuse by other resident. DSD and/or IP will validate compliance during daily rounds. Findings will be corrected immediately and report will be communicated to the DON for follow-up. **Measures that will be put into place to ensure that this deficiency does not reoccur:** The above POC will be reviewed in the QAA committee for 3 months and quarterly thereafter and as needed. Administrator and/or Designee will report trends.	7/17/20.

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F 880	Continued From page 9 to prevent the spread of infection. A review of the facility's policy and procedure titled, "Cleaning and Disinfection of Resident-Care Items and Equipment," dated 7/2014, indicated reusable items are cleaned and disinfected or sterilized between residents (for example, stethoscopes and durable medical equipment). Durable medical equipment (DME) must be cleaned and disinfected before reuse by another resident.	F 880		